PTC/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number.

	PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
	Substitute for Form PTO-875										1132020		
		_ (LAIMS AS FILED - P/ (Cotumn 1)			ART I (Column 2)		SMALL ENTITY		OR	OTHER THAN R SMALL ENTITY		
	FOR		NUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE	
		C FEE FR 1.16(a))							s	OR		\$	
,	TOT	ALCLAIMS FR 1.18(c))	minus 20 =					X \$ =		OR	x s=		
्याः , अरम्बन्धाः सम्बद्धाः । (प्रेनास्य क	INDEPENDENT CLAIMS"		A NEW CHAPTER OF THE	minus 3 =		a manifest of the Community of Assessment with C		x s =	, -	OR	=		
	<u> </u>	FR 1.16(b))				50.4.000							
	MULTIPLE DEPENDENT CLAIM PRESENT (97 CFR 1.18(d))							+\$=		OR	+3=		
, .	* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL :	<u> </u>	
	CLAIMS AS AMENDED - PART II												
		2	(Column 1)	column 1) *		(Column 2) (Column 3)		SMALL E	ENTITY	OR		R THAN ENTITY	
	A		CLAIMS		HIGHEST	PRESENT	Ì	RATE	ADDI-	1	RATE	ADDI-	
	-		REMAINING AFTER		NUMBER PREVIOUSLY	EXTRA		POATE.	TIONAL		MAIL	TIONAL FEE	
	MENT	Total •	MENDMENT	Minus	PAID FOR	*		<u>,, 7</u>	FEE		· ·		
	ENDM	(37 CFR 1.16(c)) Independent *	20	Minus	- 36			x s=\	\vdash	OR			
	AME	(37 CFR 1.16(b))			<u> </u>	<u> </u>		X \$=	\	OR	X \$=	\vdash	
	٧	FIRST PRESENTATI	ON OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	R 1.16(d))		+s=	`	OR	+s=	\vdash	
v		/ ////						ADD'L FEE		OR	ADD'L FEE	<u> </u>	
		18/0	(Column 1)		(Calumn 2)	(Column 3)	_						
	B	/	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		RATE	ADD1-	
n elle e light de serve produktion i l'entre elle	ENT		AFTER MENDMENT	zeausaa n	PREVIOUSLY PAID FOR	EXTRA	:44	ADMINISTRAÇÃO (N. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	TIONAL FEE	r translations	and a manager of the second	TIONAL FEE	
	ME	Total **	2 1	Minus	**	=		x s=		OR	x s=		
	ENDM	Independent (37 CFR 1.16(b))	- Willy	Minus	***	3	1	x s =		OR	X \$ =		
	AM	FIRST PRESENTAT	TON OR MIN TIPLE	NEDENDE	NT CLAIM (37 CF	R 1 1674M	1	+s -		OR	+		
	H	PIRST PRESENTAL	ion or moenira	, OLD LANDL	(0.00		j	TOTAL		1	TOTAL		
	ADD'L FEE OR ADD'L FEE												
	L	· · ·	(Column 1) CLAIMS	•	(Column 2) HIGHEST	(Column 3)	1		<u> </u>	1		Г	
	ENTC	l 1	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	DME	Total (37 CFR 1.16(e))		Minus	**	=	1	x s=		OR	x \$=		
	END	Independent (37 CFR 1.18(b))		Minus	•••	•	1	x \$=		OR	x s =		
	A A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+: :		OR	+ 5 =		
,	一	PINOI PRESENTAL	IONO- HOLIPO	. J. C. C. C.	in ourse for or		J	TOTAL	 	1	TOTAL ADO'L FEE		
·		• If the entry in colu	ımn 1 is less tha	n the entry	in column 2. writ	te "0" in column	3 .	ADD'L FEE		OR	AUULTEE		
•	1	" If the "Highest Nu	ımber Previousiv	Paid For	IN THIS SPACE	is less than 20	, en	ef "3".	the second	nto hou in a	soluma 4		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionar for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

erine parketikastatat elitjene

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

1.1.